



LOS ANGELES COUNTY COMMISSION ON HIV

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PRIORITIES AND PLANNING (P&P) COMMITTEE MEETING MINUTES

March 22, 2011

Approved
4/26/2011

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	HIV EPI AND OAPP STAFF	COMM STAFF/ CONSULTANTS
Bradley Land, <i>Co-Chair</i>	Al Ballesteros, <i>Co-Chair</i>	Patricia Bermudez	Juhua Wu	Jane Nachazel
Carla Bailey	Michael Green	Robert Butler		Glenda Pinney
Douglas Frye	Ted Liso	Aaron Fox		Craig Vincent-Jones
Michael Johnson	Anna Long (<i>medical leave</i>)	Miki Jackson		
Abad Lopez	Quentin O'Brien	Kendra Kennedy		
Tonya Washington-Hendricks		Scott Singer		
		Jason Wise		

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Priorities and Planning (P&P) Committee Meeting Agenda, 3/22/2011
- 2) **Minutes:** Priorities and Planning (P&P) Committee Meeting Minutes, 2/22/2011
- 3) **Monthly Update:** Monthly Update, OAPP, 3/17/2011
- 4) **Spreadsheet:** Ryan White Part A, Single Allocation Model (SAM) Care and MAI Year 20 Expenditures by Service Categories, Grant Year 20 Ryan White Funding Expenditures as of January 31, 2011, 3/17/2011
- 5) **Summary Key:** Ryan White Parts A and B and MAI Expenditures by Service Categories, 2/16/2011
- 6) **Memorandum:** Priorities and Planning (P&P) Committee Re-Allocation Recommendations, 3/8/2011
- 7) **Memorandum:** Priorities and Planning (P&P) Committee Request for Information, 3/21/2011
- 8) **Memorandum:** Request for Information for the 8/17/2010 and Subsequent P&P Committee and Subcommittee Meetings, 8/10/2010
- 9) **Policy/Procedure:** Priority- and Allocation-Setting Framework and Process, 2/1/2008 approved

1. **CALL TO ORDER:** Mr. Land called the meeting to order at 1:40 pm.

2. **APPROVAL OF AGENDA:**

MOTION #1: Approve the Agenda Order with Item 7 moved after Item 11 (***Passed by Consensus***).

3. **APPROVAL OF MEETING MINUTES:**

MOTION #2: Approve the 2/22/2011 Priorities and Planning (P&P) Committee Meeting Minutes with Page 5, Bullet 4, end of Line 2 changed from "now and in FY 2010" to "now and in FY 2011" (***Passed by Consensus***).

4. **PUBLIC COMMENT, NON-AGENDIZED:** There were no comments.

5. **COMMISSION COMMENT, NON-AGENDIZED:**

- Dr. Frye noted the HIV Surveillance Annual Report has gone to the Health Deputies and should be on the website soon.
- ➡ Dr. Frye will present the HIV Epidemiology Profile at the 4/14/2011 Commission on HIV meeting.
- ➡ OAPP will forward their Monthly Update the Tuesday prior to Committee meetings. Staff will distribute it with the agenda.

6. **PUBLIC/COMMISSION COMMENT FOLLOW-UP:** There were no comments.

7. **CO-CHAIRS' REPORT:** There was no report.

8. **OFFICE OF AIDS PROGRAMS AND POLICY (OAPP) REPORT:**

A. **Healthy Way LA:**

- Ms. Wu noted the Monthly Update indicates that OAPP continues to refine its initial assessment of how many Ryan White (RW) medical patients may be eligible to enroll in Medi-Cal managed care plans over the next 18 months.
- OAPP has scheduled an April planning meeting with medical providers and representatives from Healthy Way LA and LA Care to discuss eligibility, screening, enrollment and communication strategies.
- ➡ An updated estimate of RW medical patients eligible for Medi-Cal managed care plans will be available in May.

B. **Annual Fiscal Report:**

- ➡ Ms. Wu said both this and the FY 2009 Utilization Report will be ready by the April meeting.

C. **OAPP Monthly Update:** Ms. Wu noted Dr. Green provided responses to the concerns raised in P&P's 3/8/2011 memorandum to the Commission on Re-Allocation Motions in the OAPP Monthly Update to the Committee:

- **Underspending:** Part of FY 2010 Part A/Part B (SAM) underspending is due to contract reductions based on initial State Office of AIDS (OA) notification to OAPP of care funding reductions. That created a temporary \$4 million shortage in contract amounts which has since been rectified. FY 2011 contracts are consistent with allocations.
 - There were also program-specific underspending causes. State initiatives and HRSA guidance requests delayed implementation of Health Insurance Premium/Cost Sharing (HIP/CS) and Benefits Specialty. Early Intervention Services (EIS) realized savings with costs shifted to maximize the MAI award. Program issues resulted in termination of a Substance Abuse Residential and a Hospice/Skilled Nursing contract. Transportation use declined after tighter control measures were imposed by OAPP. Psychiatry and psychotherapy services increased, but still suffer from staff retention issues.
- **NCC and Maintenance of Effort (MOE):** The monthly Financial Report to P&P identifies NCC care and treatment funding along with other OAPP supported care and treatment funding. OAPP reports on all NCC to services and administration to P&P and the Commission in the Annual Report. The MOE report to HRSA does not delineate NCC to care and treatment.
- **Transitional Case Management (TCM):** Part B/SAM Care funding supports current TCM, but is insufficient to meet post-incarcerated need. The OAPP recommendation was to meet that need and not related to the Board memorandum. OAPP would like to present information on TCM services in the context of jail-based efforts to improve linkage to care.
- **MAI Allocation to Oral Health Capacity Development:**
 - MAI savings have funded expanded oral health capacity in the last three years with RW providers stretching to increase access. OAPP continually seeks to expand capacity despite administrative challenges, especially for new providers.
 - Provided HRSA approves the carry-over request, OAPP is doubtful MAI savings can be spent for oral health capacity building within the year. OAPP intends to maximize the award to ensure none is lost.
- **FY 2010 Financial Report, as of 1/31/2011:**
 - **Page 1, Part A and Part B/SAM Care:** The spreadsheet shows Part A expenditures and full year estimate as well as Part B/SAM Care actual expenditures and full-year projections. Both will be fully maximized with the Commission-approved re-allocation strategy.
 - **Page 2, MAI:** The spreadsheet estimates savings of \$727,341 due to overlapping MAI YR 3 (8/1/2009 – 7/31/2010) and MAI FY 2010 (3/1/2010 – 2/28/2011) grants. Increased billings have reduced estimated savings since last month.
 - **Page 3, other funding streams:** The spreadsheet reflects allocations for all funding streams. OAPP is in the process of identifying service categories to maintain the level of NCC care and treatment funding, per Commission directive, pursuant to re-allocation of \$1,297,182 in underspent Part B (SAM) funds to Residential Care in order to maximize that grant.
- Ms. Wu noted OAPP requests that the April P&P meeting agendaize a discussion of MAI and its allocations as well as a presentation on TCM services by Carlos Vega-Matos, Chief, Care Division.
- Mr. Johnson felt the tone of OAPP's 3/17/2011 Monthly Update suggests that the P&P Committee is uninformed. He noted neither Dr. Green nor another OAPP representative with adequate information and/or authority to speak on the questions above has attended the last two P&P Committee meetings.

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- He felt further that use of the term “savings” was misleading, as it represents underspending which translates directly into lack of services. He said the Committee needs more detail on “program-specific issues.”
- Ms. Jackson expressed frustration by Dr. Green’s absence. She noted several categories such as Medical Outpatient were overspent, yet OAPP recommended increasing TCM. She was uncomfortable with OAPP-Sheriff coordination which appears to sidestep the Commission and feared OAPP sought to shift NCC funds from care and treatment despite HRSA’s emphasis on it. Opaque deliberations in the past led to an audit that found funds had been diverted to non-HIV purposes.
- Mr. Johnson noted additional Oral Health services might be arranged quickly via County providers. Mr. Vincent-Jones added several of the current Oral Health providers have said they could increase services, e.g., with the addition of a dentist or a hygienist, they currently don’t use empty chairs. He added that he also understood from current providers that USC has expended its current allocation. It may, therefore, be possible to support expansion for existing providers.
- Mr. Butler noted his own, informal survey of consumers on oral health access revealed up to a six-month wait for check-ups and expressed concern OAPP structural re-organization may distract from the primary purpose of contracting services for PWH.
- Ms. Bailey reiterated that she and others have experience the deleterious effects poor oral health can have on their HIV conditions, and limited oral health access has resulted in, for example, a patient with a dental abscess who ultimately had to be hospitalized for brain surgery at a County facility—a surgery that could have been prevented and was much more costly to the County.
- Mr. Land noted the last line of OAPP’s 3/17/2011 Monthly Update, Item 2, Bullet 4, which questions whether Oral Health can absorb the MAI overlap/carry-over funds, but asserts OAPP will make “whatever adjustments necessary to ensure full expenditure of funds.” He reminded OAPP that it must adhere to the Commission’s allocations.
- He continued that the process reviews other resources and the Commission had determined current TCM funding through that process. It felt it was not appropriate for OAPP to request such a major change in MAI allocations without providing adequate, pertinent data and information.
- Mr. Vincent-Jones was troubled at the disconnect between OAPP’s acknowledgement of oral health service need exacerbated by the economic climate and Denti-Cal defunding while simultaneously reporting that it may not be able to implement expanded oral health services rather than documenting that it would make every effort to do so.
- Ms. Wu noted the MAI Plan year concluded 2/28/2011. Final expenditures are due to HRSA in either 60 or 90 days. HRSA will not accept a plan for use of MAI overlap funds prior to the expenditures report. Mr. Vincent-Jones underscored that was all the more reason for OAPP to use time wisely when an answer is not immediate, e.g., by working on RFPs. He also asked for other solutions how to expedite the process of fiscal year-end report submission (e.g., provider requirements to submit timely invoices) and HRSA carry-over funding approval.
- Mr. Vincent-Jones indicated that Monthly Update, Page 2, said funding for EIS was paid out of MAI funds to maximize that award. He questioned how the entirety of EIS could be paid for by MAI, since that is reserved for minority populations and presumably EIS served non-minority populations as well?
- ➡ Ms. Wu will ask Dave Young, Chief, Financial Services, about the Financial Expenditures Report, Page 1, Column 3 footnote. It appears to be a holdover from FY 2009. Any revisions to the allocations should be identified in the Financial Expenditures report.
- ➡ The Monthly Update states FY 2011 contracts are consistent with allocations, but the Committee does not receive the first current-year expenditure reports until around June or July, confounding efforts to verify adherence to the allocations. For, for example, the Letter of Assurance to HRSA, P&P asked OAPP to consider how to start reporting earlier.
- ➡ Request OAPP expedite the MAI final expenditures report and begin discussions with HRSA on use of MAI overlap/carry-over funds.
- ➡ Regarding EIS, MAI expenditures seem to have increased by \$100,000 from last month’s to this month’s report. The reason for the increase—aside from increased invoices, which are supposed to be projected in the year-end spending amounts—should be clarified.
- ➡ Request clarification how EIS can be funded entirely from MAI.

D. P&P Committee Draft Memorandum to OAPP: Mr. Vincent-Jones said that P&P requested the 3/21/2011 memorandum to OAPP last month to address several issues. It crossed paths with OAPP’s 3/17/2011 Monthly Update discussed above, but he felt review remained valuable as noted:

1. **Annual Financial Report:** Submission is pursuant to a 10/25/2005 Board motion. Received in February of 2008 and 2009, OAPP FY 2009 and 2010 reports are outstanding. They should include the OAPP budgets, expenditures from all funding sources, and a break-down of NCC expenditures. In his Monthly Update, Dr. Green confirmed submission by the April meeting.
2. **NCC and MOE:**
 - P&P has made several requests for OAPP to clarify what amount of NCC funding for care and treatment services has been used to calculate the MOE. At the 6/22/2011 meeting, Dr. Green said the amount was unlikely to change annually as it is included in the MOE, contrary to the 3/17/2011 Monthly Update assertion that it is not delineated.
 - The amount would be a good indicator of County care and treatment commitment if it is stable. If not, it raises issues about commitment stability and how to track changes prior to expenditures for planning purposes.
 - ➡ P&P requests any submissions to HRSA subsequent to the report detailing the FY 2007 and 2008 MOE levels.
3. **MAI Plan:**
 - P&P concluded it had insufficient data to evaluate the effectiveness of the original 2006 MAI Plan in lieu given implementation delays and service reorganization due to State budget cuts. It approved extension of the original Plan through FY 2012.
 - On 2/1/2011, Mr. Vega-Matos presented oral health data on progress, service access, and continuing implementation challenges, which was well-received by the Committee, and satisfied their need for adequate data to evaluate the effectiveness of MAI-funded oral health services.
 - Both the presentation and earlier written communications noted that original MAI oral health educational component had not yet been implemented. Oral health education was included in the original MAI plan to help ensure consumers are aware of the need for proper oral health hygiene and routine care.
 - The presentation was instrumental in the Committee's decision to use MAI overlap/carry-over funds for continued oral health capacity building/development.
 - In spite of the Dr. Green's request in the Monthly Update to review the MAI plan in April, the Committee does not feel any further review is warranted until adequate levels of data on the remaining MAI service categories, Medical Case Management and Early Intervention Services (EIS) is supplied. The Committee will review the MAI plan once that data is also presented.
 - ➡ P&P requests data on Medical Case Management and EIS from OAPP prior to any MAI Plan review.
4. **Transitional Case Management (TCM):** On 2/1/2011, OAPP recommended adding TCM as a fourth MAI service category to enhance use of the MAI overlap/carry-over funds. On 2/22/2011, P&P allocated the funds to Oral Health, in part, due to lack of information on TCM. P&P remains open to allocating additional Part A/B funds to TCM, once it receives requested data.
5. **Using MAI savings from overlapped funding cycles for Oral Health Capacity Development:**
 - P&P noted there is a year to spend overlap funds and Dr. Green said that both additional providers and a more expeditious procurement process have been identified. However, Dr. Green noted in his Monthly Update that OAPP would be challenged to spend the MAI overlap/carry-over funds within the upcoming year.
 - ➡ P&P requests guidance from OAPP on how it can help ensure overlap funds are used to enhance existing oral health services.
 - Mr. Johnson said that the MOE report to HRSA and the requested further clarification is pertinent as the Commission is charged with planning the HIV service response, assessing the entire HIV response and understanding the availability of other resources.
 - Mr. Vincent-Jones noted the Commission reviewed NCC spent on care and treatment from Financial Expenditures year-end reports for 2008, about \$9 million; 2009, about \$7.5 million; and 2010, about \$4.5 million. MOE data is not the total answer to review such trends, but is pertinent to the review of overall service delivery response.
 - Mr. Vincent-Jones expressed concern about OAPP recognition of Commission roles and responsibilities despite Commission diligence in recognizing OAPP roles and responsibilities. OAPP's Monthly Update suggests, for example, that the Commission errs in underspending decision-making because the Committee does not adequately recognize contracted amounts. He noted that the Commission's role is to ensure funds are spent as allocated. Contracts are administrative agency (OAPP) procurement mechanisms to facilitate that.
 - Mr. Johnson noted that, if needed to meet its responsibilities, the Commission can address concerns in its Letter(s) of Assurance to HRSA and/or take such concerns to the Health Deputies and the Board.
 - Mr. Vincent-Jones said it is important to work as collaboratively as possible with our partners and ensure requests for information are clear and specific.

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- Mr. Johnson expressed frustration with concerns that OAPP's lack of attendance, implied disrespect for the Committee, and inability to get the desired services to the street. Unless answers are forthcoming, he felt the process should start involving the Executive Committee and the Consumer Caucus more regularly.
- ➡ Request OAPP provide information on the extent MAI overlap/carry-over funds can be used to expand oral health services at existing providers.
- ➡ Request attendance by Dr. Green and, for major requests, Mario Pérez.
- ➡ P&P will develop a memorandum to OAPP on above issues which Co-Chairs will also present at the Executive Committee.

9. PRIORITY- AND ALLOCATION-SETTING (P-and-A) PROCESS:

A. Priority- and Allocation-Setting (P-and-A) Framework and Process:

- Ms. Pinney noted the document reflects revisions consistent with the new 2-year priority- and allocation-setting cycle. Additional revisions that the Committee requested are:
 - ➡ Page 2, Bullet 2: Change to "is comprehensive in Year One and abbreviated in Year Two."
 - ➡ Page 6: Add to list of definitions: comprehensive, abbreviated, quantitative, qualitative, formal and informal.
 - ➡ Page 6, Item 20: "Second-year priority- and allocation-setting in the two-year cycle begins the following January as follows: January, epidemiology changes/trends; February, OAPP service utilization changes/trends, consumer and provider input; March, allocations; April, approval."
- Year Two will use priorities set in Year One, unless special circumstances apply.
- Mr. Vincent-Jones noted LACHNA has been done every two to three years with notable consistency in needs assessment data over time. LACHNA will be available for Year One while ongoing consumer engagement will bring any emerging trends to the table as it has historically via the Commission's open, transparent process.
- Mr. Vincent-Jones agreed consumer input to the P-and-A process is important, but historically consumer involvement has been sporadic, and usually only arises in response to a single issue. Overall involvement is being addressed with community mobilization, development of a Facebook page and blogs, among other efforts. Commission representatives will remain essential, especially for those consumers who are not as literate or do not utilize the Internet.
 - ➡ Both the Year Two epidemiological profile and any OAPP requests will focus on changes and/or trends.
 - ➡ Consumer trend input for Year Two will be solicited via the Consumer Caucus, Commission representatives, a P-and-A brief and a one-page flyer publicizing the various steps of the P-and-A process.
 - ➡ Mr. Vincent-Jones will incorporate revisions, and will open a two-week public comment period for the revised policy/procedure at the 4/14/2011 Commission meeting, P&P will review public comment and vote on the final policy/procedure at its 4/26/2011 meeting, the policy/procedure will go to the 5/12/2011 Commission meeting for approval.

MOTION #3: Approve the revised priority- and allocation-setting framework and process, as revised (**Postponed**).

10. FY 2011 PRIORITY- AND ALLOCATION-SETTING (P-and-A) PROCESS: In accordance with the new P-and-A process, the HIV Epidemiological profile will be presented at the 4/14/2011 Commission meeting. OAPP's service utilization data will be presented at the 4/26/2011 P&P meeting. As always, consumer and provider input will be accepted throughout the process. The Committee will begin considering revisions to the Year 1 allocations at its May meeting.

11. FY 2012 PRIORITY- AND ALLOCATION-SETTING (P-and-A) PROCESS:

- ➡ Schedule OAPP service category presentations at the 4/26/2011 P&P Committee meeting.

12. RESOURCE ANALYSIS SUBCOMMITTEE: This item was postponed.

13. NEXT STEPS: This item was postponed.

14. ANNOUNCEMENTS: There were no announcements.

15. ADJOURNMENT: The meeting adjourned at 4:30 pm.